

**APPLICATION FOR TRANSIENT MERCHANTS**

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

**ATTACH COPY OF DRIVER'S LICENSE**

WHERE SALE WILL BE HELD \_\_\_\_\_  
HOME BUSINESS ADDRESS \_\_\_\_\_  
DATE OF SALE \_\_\_\_\_ TIME OF SALE \_\_\_\_\_  
CAPACITY \_\_\_\_\_  
(Submit Credentials)

NAME OF PRINCIPAL \_\_\_\_\_  
ADDRESS OF PRINCIPAL \_\_\_\_\_  
LOCATION OF BUSINESS CONDUCTED WITHIN LAST 6 MONTH \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DURATION OF BUSINESS WITHIN CITY OF AMSTERDAM \_\_\_\_\_  
CHARACTER AND QUALITY OF GOODS \_\_\_\_\_  
INVOICE VALUE OF GOODS \_\_\_\_\_  
SALE FORM \_\_\_\_\_  
(Stocks in possession, Sample or Order)

LOCATION OF GOODS \_\_\_\_\_  
PLACE OF MANUFACTURE \_\_\_\_\_  
NATURE OF ADVERTISING \_\_\_\_\_  
(Submit Copies)

PREVIOUS CONVICTIONS \_\_\_\_\_

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
CHIEF OF POLICE DATE

**IVESTIGATION:** Satisfactory or Unsatisfactory

\_\_\_\_\_  
CITY CLERK DATE

DATE LICENSE ISSUED \_\_\_\_\_

DATE LICESE TO EXPIRE \_\_\_\_\_

DATE LICENSE REVOKED \_\_\_\_\_

LICENSE FEE PAID \_\_\_\_\_

PLUS APPLICATION FEE (\$5.00) \_\_\_\_\_